Simple Feedback Form

Contact Info

• Name:		_
• Email:		_
• Date:		
Feedback		
What service/product did you use?		
Rate your overall experience (1-5):		
What did you like?		_
What didn't you like?		_
Suggestions		
How can we improve?		
Contact Permission		
 ■ Yes, you can contact me for more inf 	formation.	
Signature:	Date:	